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APPLICATION FOR RECORDS RETENTION SCHEDULEOFFICE OF THE SECRETARY OF STATE
DEPARTMENT OF ARCHIVES AND HISTORY
RECORDS MANAGEMENT DIVISION

INSTRUCTIONS: See Publication No. 76-RM-1 for instructions on completing this form. Forward signed original to Department of Archives and History, Records Management Division, 330 Capitol Avenue, Atlanta, Georgia, 30334, Attention: Scheduling Section.

FOR AGENCY USE		FOR RECORDS MANAGEMENT USE	
Application Date	1. Agency Address Department of Medical Assistance 1010 W. Peachtree St., N. W. Atlanta, Georgia 30367	Application Number 75-226-A	
Application Number		Date Received OCT 7 1980	Date Completed NOV - 3 1980
2. Person to Contact Nell Gamble		Working Title State Quality Control Supervisor	
		Telephone Number 894-4353	
3. Action Requested a. <input type="checkbox"/> Establish Retention Schedule; record will continue to accumulate. b. <input type="checkbox"/> Dispose of present accumulation; no further accumulation anticipated. c. <input checked="" type="checkbox"/> Amend Application No. <u>75-226</u> Check One: <input checked="" type="checkbox"/> Change; <input type="checkbox"/> Supersede; <input type="checkbox"/> Void			
4. Dates of Series Earliest Latest April '78 Present		5. Records Series Title (followed by title used in office, if different) Quality Control Review File	
6. Division and Office Function What is the function of the Division and the Office in which this record series is created? The Commissioner's Office is responsible for formulating departmental policy through counsel with the Board of Medical Assistance and directing all divisions in the development and implementation of policy objectives. The Office of Quality Control is responsible for reviewing a random sample of Medicaid cases to determine whether or not the sampled cases meet the applicable State Medicaid eligibility requirements and that all Medicaid claims submitted on behalf of these cases were correctly paid by the Department.			
7. Record Series Description This file contains the following documents (include form numbers and titles, if any): Attach samples of the file. Documents relating to: reviewing random samples of Medicaid cases to verify eligibility status, correctness of claims payments and third party liability recovery efforts. Included but not limited to are: See attached File is arranged: Chronologically by sample period date, then numerically by Quality Control Review number			
8. Monthly Reference Rate How often are records referred to which are: One to six months old <u>8</u> ; Seven to twelve months old <u>4</u> ; Thirteen to twenty-four months old <u>2</u> ; twenty-five months and older <u>1</u> ?			
9. Annual Rate of Accumulation of Records Letter-size drawers <u>18</u> ; Legal-size drawers _____; Shelves _____; Other (specify) _____ (Lateral Drawers)			

YES	NO	10. Questionnaire (Place an "X" in the proper column)
X		a. Is this the official copy of the series? If not, where is it?
X		b. Does the series contain confidential information requiring security handling? If yes, cite law or regulation. 205.50 Confidential client information
	X	c. Is this a vital record?
	X	d. Does this series have historical or long term research value?
	X	e. When one or two documents in the file make it necessary to keep the entire file for a long period, could these documents be scheduled separately?
	X	f. Is the information contained in this series ever published? If yes, attach copy.
X		g. Is the information contained in this series ever analyzed and/or recorded in a summarized report? If yes, attach copy. Attached
	X	h. Is there a duplication of this series in your office, or in another office or agency? If yes, where?
	X	i. Is this series (or a major portion of it) regularly microfilmed?
	X	j. Does the record series result in a computer printout?

11. Retention Requirements

The following requires the series to be kept:

a. State Law	<u>3</u> years.	d. Audit period	<u>3</u> years.
b. Statute of limitation	<u>-</u> years.	e. Administrative need	<u>-</u> years.
c. Federal law	<u>3</u> years.	f. Federal retention instructions	<u>3</u> years.

Attach copy or excerpt of laws or regulations. Explain administrative need.

Federal Quality Control Review Manual (4-1-78) Chapter 3200; page 4:

"Official MQC records must be maintained for a period of three years following the submission of the final six-month report. The records shall be retained beyond the three-year period if audit findings have not been resolved."

12. Approved Disposition Instructions

This agency recommends that the file series be cut off at the end of each:

☒ Calendar Year; ☒ Fiscal Year; ☐ Other _____ then,

- ☒ Hold in the current files area 6 month(s) _____ year(s); then
- ☐ Transfer to local holding area, hold _____ year(s); then
- ☒ Transfer to State Records Center; hold 2-1/2 year(s); then
- ☒ Destroy.
- ☐ Transfer to State Archives for permanent retention.
- ☐ Other (Specify)

Quality Control Review File sample periods are from April through September and October through March of each year. However, the review process is not complete and the final report is not submitted until nine months after the end of the report period. Therefore, the April through September sample period will be cut off at the end of each fiscal year and the October through March sample period will be cut off at the end of each calendar year.

These instructions apply to all prior and future accumulations of the series.

Agency Head/Designee (Signature)	Date	Records Management Officer (Signature)	Date
<i>Jap M. Cary</i>	9-22-80	<i>Paul V. Murphy</i>	
Recommendations in paragraph 12 are approved. (If disapproved, attach letter of explanation.)		State Records Committee (Signature)	Date
		State Auditor/Designee	10-30-80
		Secretary of State/Designee	10-27-80
		Attorney General/Designee	11-3-80

7. Record Series Description (continued)

HCFA #301 (pages 1 &2) - Medicaid Quality Control Review Schedule
HCFA #301 (page 3) - Third Party Liability Review Schedule
HCFA #301 (page 4) - Claims Processing Review Schedule
HCFA #301 (page 5) - Summary of Payment Errors
HCFA #301A - Medicaid Quality Control Facesheet and Worksheet
HCFA #301C - Health Services and Health Benefits Worksheet
HCFA #301E - Claims Processing Quality Control Summary Sheet
HCFA #301I - Claims Processing Quality Control Worksheet
DMA-246 - Medicaid Quality Control Referral (correct case)
DMA-247 - Medicaid Quality Control Referral
SRS-OQC - Quality Control Negative Case Action Review Schedule
Medicaid Claims and facsimiles
Provider Profiles
Fee Schedules
Medicaid Quality Control Statistical Summary, Tables I-XI
Sample Review Listings
Medicaid Quality Control Bi-weekly Listings
Source Locator Lists
Supplemental Claims Collections Report
Medicaid Quality Control Sample Plans (Positive and Negative Samples)
Related correspondence and files



STATE
OF
GEORGIA

Application for
RECORDS DISPOSITION STANDARD

OFFICE OF SECRETARY OF STATE
DEPARTMENT OF ARCHIVES & HISTORY
RECORDS MANAGEMENT DIVISION

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1. Application Date September 23, 1975		INSTRUCTIONS See separate instructions for completion of front and reverse of this form. Sign original and two copies and forward to Department of Archives and History, Attention: Records Management Officer.		FOR RECORDS MANAGEMENT DIVISION USE Date Received Application No. Date Completed	
2. Agency Application No. DHR-2				SEP 26 1975 75-226 OCT - 8 1975	
3. Agency, Division, Subdivision & Administering Office Address Georgia Department of Human Resources Division of Benefits Payments - Quality Control Unit 618 Ponce de Leon Avenue, N. E. Atlanta, Georgia 30308				4. Person to Contact Miss Ann Wooten	
				5. Working Title Chief, Quality Control Unit 6. Tel. No. 894-5300	

7. ACTION REQUESTED

☒ ESTABLISH DISPOSITION STANDARD; RECORD WILL CONTINUE TO ACCUMULATE. ☐ DISPOSE OF PRESENT ACCUMULATION; NO FURTHER ACCUMULATION ANTICIPATED.

8. Earliest & Latest Dates of Series Began 7/1/75	9. Exact Series Title Medicaid Eligibility Review Files
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10. What is the function of the office in which this record series is created?

The Division of Benefits Payments is responsible for supervising and regulating assistance programs which provide to indigents in the State Food and monetary assistance and/or medical care.

The Quality Control Unit reviews random samples of decisions made by County Departments as to recipient eligibility for food stamps; public assistance to determine source and degree of error and to pinpoint changes necessary in regulations so laws can be more correctly carried out; and also reviews for Medicaid, to determine eligibility of client for assistance.

11. This file contains the following documents (include form numbers and titles, if any, and file arrangement).

Documents relating to validation by State Authorities of County action in determining recipient eligibility for Medicaid assistance as required by Federal Regulation.

Included, but not limited to:

1. HEW Form SRS-QCM-301 (Page 1) (2/75) - (Medicaid Eligibility Quality Control Review Schedule), which gives Recipient name, Case name, (if different), Address, Recipient ID#, Service Period, Date Assigned, Date completed, Name of Reviewer; State code, Local Agency code, Review No., Month and year claim paid, and other information as to claim and payment; information as to relationship and eligibility coverage of recipient, and income and resources of recipient.
2. HEW Form SRS-QCM-301A (2/75) - (Medicaid Eligibility Quality Control), which gives identifying information about recipient; claim information; eligibility history; and lists members of recipient's household and persons of significance which are not in

12. EQUIPMENT OCCUPIED		No. of Drawers	Cu. Ft. of Records	ANNUAL RATE OF ACCUMULATION	No. of Drawers		Cu. Ft. of Records	
Letter-size File Drawers		1/4	.37½	FLOOR SPACE OCCUPIED (Square Feet)	3		4.50	
Legal-size File Drawers					In Office(s)		In Storage Area(s)	
					6			
				AVERAGE DAILY REFERENCE estimate	This Year's	Last Year's	Preceding Year's	All Prior Years
					25	-	-	-

QUESTIONNAIRE

Place an "x" in the proper column. If answer is "YES," please explain.

YES NO

13. Is this the Record Copy of the series? ☒ [x] ☐ []
14. Is there a duplication of this series in another office or agency? ☐ [] ☒ [x]
15. Is the information contained in this series ever summarized or published? ☐ [] ☒ [x]
Attach copy of summary or publication.
16. Does the series contain classified information requiring security handling? ☐ [] ☒ [x]
17. Does the series initiate, amend or terminate agency policies and procedures? ☐ [] ☒ [x]
18. Could the function be performed if the files were lost or destroyed? ☒ [x] ☐ []
19. Is the series (or major portion of it) regularly microfilmed? If yes, why? ☐ [] ☒ [x]
20. Does the record series provide data as input to an EDP file? ☐ [] ☒ [x]
21. Does the record series contain documentation produced as EDP printout? ☐ [] ☒ [x]
22. Has the Federal Government issued instructions governing the retention/disposition of these files? ☒ [x] ☐ []
(see 24)
23. Will there be a need for these records 10, 15 years from now? If yes, what? ☐ [] ☒ [x]

24. REQUIREMENTS. The following requires the files to be kept 3 years:

a. ☐ [] STATE LAW b. ☐ [] STATUTE OF LIMITATION c. ☐ [] AUDIT PERIOD d. ☒ [x] FEDERAL LAW e. ☐ [] ADMINISTRATIVE DECISION f. ☐ [] HISTORICAL VALUE
(Cite Law, Statute, or other reason for the retention requirement)

Title 45 - Public Welfare - Chapter II - Social and Rehabilitation Service Assistance Programs (see attached)

25. AGENCY RECOMMENDATIONS. This agency recommends that the file series be cut off at the end of each ☐ [] CALENDAR YEAR ☒ [x] FISCAL YEAR ☐ [] OTHER _____, then:

- ☒ [x] Hold in the current files area 1 month(s)/ 1 year(s):
- ☒ [x] Transfer to ☒ [x] State Records Center ☐ [] Local Holding Area; hold 2 year(s):
- ☐ [] Destroy.
- ☐ [] Transfer to State Archives for permanent retention.
- ☐ [] Destroy immediately after cut-off.
- ☒ [x] Other: (Specify)

For files covering each fiscal year ending in 6 and 1, transfer one cubic foot of records (selected at random) to the State Archives for permanent retention.

Destroy all other files.

(Indicate briefly rationale for recommendations above/or write additional remarks):

Records Management Officer (Signature)	Date	OTHER REQUIRED SIGNATURES	DATE
<i>Elizabeth Crutch</i>	9-23-75		
26. Recommendations in paragraph 25 are:	Agency Head/Designee <input checked="" type="checkbox"/> [x] Approved <input type="checkbox"/> [] Disapproved	<i>Ann Weston</i>	9-23-75
	State Auditor/Designee <input type="checkbox"/> [] Approved <input type="checkbox"/> [] Disapproved	<i>William M. Lujan</i>	10-3-75
	Secretary of State/Designee <input checked="" type="checkbox"/> [x] Approved <input type="checkbox"/> [] Disapproved	<i>Bay W. Johnston</i>	10-2-75
	Attorney General/Designee <input checked="" type="checkbox"/> [x] Approved <input type="checkbox"/> [] Disapproved	<i>W. M. F. Hall</i>	10-7-75

STATE RECORDS
COMMITTEE

Georgia Department of Human Resources
Division of Benefits Payments - Quality Control Unit
618 Ponce de Leon Avenue, N. E.
Atlanta, Georgia 30308

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11. recipient's household; and review findings.
3. Medicaid Eligibility Quality Control Worksheet (9 pages)
4. Assignments to Reviewers
5. Correspondence regarding Federal Validation
6. Sample list and district listings
7. Listings to Research & Statistics
8. Quality Control reports